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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of the Dominican Republic
Support for a comprehensive population programme

Proposed UNFPA assistance:	\$6 million, of which \$3 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1991
Executing agencies:	To be determined
Government co-ordinating agency:	National Planning Office (ONAPLAN)

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DOMINICAN REPUBLIC

Demographic facts

Population Total (000)		Population density (/sq. km.)	147
Total	7,170	Average annual change (000)	
Males	3,644	Population increase	149
Females	3,526	Births	213
Sex ratio (/100 females)	103.3	Deaths	47
Urban	4,329	Net migration	-16
Rural	2,841	Annual population total (% growth)	1.98
Per cent urban	60.4	Urban	3.32
Population in year 2000 (000)	8,621	Rural	-0.25
Functional age groups (%)		Crude birth rate (/1000)	28.3
Young child: 0-4	13.7	Crude death rate (/1000)	6.2
Child: 5-14	24.2	Net migration rate (/1000)	-2.3
Youth: 15-24	20.9	Total fertility rate (/woman)	3.34
Elderly: 60+	5.5	Gross reproduction rate (/woman)	1.63
65+	3.4	Net reproduction rate (/woman)	1.49
Women: 15-49	25.1	Infant mortality rate (/1000)	57
Median age (years)	20.7	Life expectancy at birth (years)	
Dependency ratios: total	70.2	Males	65.4
(/100) Aged 0-14	64.5	Females	69.8
Aged 65+	5.7	Both sexes	67.6
Agricultural population density		GNP per capita	
(/hectare of arable land)	2.31	(U.S. dollars, 1988)	720

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$6 million, of which \$3 million is to be committed from UNFPA's regular resources, over a four-year period, starting January 1991, to assist the Government of the Dominican Republic in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.
2. The proposed country programme, UNFPA's first in the Dominican Republic, is based on the findings and recommendations of a multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited the Dominican Republic in February 1990, and the recommendations of the National Planning Office's (ONAPLAN) Advisory Committee, as well as a series of studies and analyses undertaken by the UNFPA field office since 1988. The country does not have an explicit national development plan, nor a population policy.
3. The overall aim of the proposed programme would be to contribute to the Government's efforts to improve the living conditions of the population in general. This would be achieved through the following objectives: to reduce the population growth rate; to decrease infant and maternal mortality, teen-age pregnancy and abortion to the lowest possible levels; and to formulate a comprehensive population policy integrating social and demographic variables into sectoral planning within the Government's 1990-1994 development programme.
4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The Dominican Republic, covering the eastern two thirds of the island of Hispaniola, has an area of 48,449 square kilometres. It currently has a population of 7.1 million, growing at a rate of 2.2 per cent annually. Fertility remains high within the Latin American context, with a total fertility rate of 3.3 children per woman. By the year 2000, population growth is expected to be 1.7 per cent annually, and it is estimated that population size will be around 8.6 million.
6. In the last few decades, the Dominican Republic has experienced continuous rural-to-urban migration. As a result, in 1988 it was estimated that 59 per cent of the population was living in urban areas. At the same time, the urban population is becoming concentrated in a smaller number of cities, Santo Domingo in particular. Life expectancy has risen in the last few years to 67 years of age (1987). Infant mortality stands at 66 per 1,000 and maternal mortality at 6.6 per 100,000 live births. Nearly 70 per cent of these deaths are due to lack of prenatal care but a certain percentage could also be attributed to

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illegal abortions, which number 60,000 to 80,000 annually. Pre-marital pregnancy rates and the incidence of juvenile abortion have shown a significant increase in the last few years.

7. HIV infection and AIDS is an increasingly serious problem in the Dominican Republic. Currently, the country is ranked twentieth in the world and fourth in the Western Hemisphere in terms of HIV infection rates; there are 1,400 known cases of AIDS, and an estimated 50,000 people are HIV-positive.

8. The adult illiteracy rate was 22 per cent in 1988; studies undertaken in 1988 indicate, however, that the quality of education is becoming poorer. Moreover, as regards primary education, a growing number of children are repeating school years or dropping out altogether. In rural areas, illiteracy among girls aged seven to nine years (40 per cent) is greater than that among boys of the same age.

9. In recent years, the gross national product has grown at a low, or even negative, rate reaching as low as -1.9 per cent. At the same time, external debt increased from \$ 3.3 billion at the end of 1983 to approximately \$4 billion in 1988. The unemployment rate is estimated at 30 per cent of the work force and underemployment at between 40 and 50 per cent of the employed population. The decline in the economy has resulted in a deterioration of basic social and public services.

10. The Dominican Republic does not have a national development plan, nor a comprehensive population policy or programme. In 1986, ONAPLAN established the Division for Population and Employment, and in 1989, it set up an Advisory Committee to create awareness among key government officials of population activities and of the link between population and development, as well as to develop a population policy. However, most activities in the area of population have been undertaken without a guiding framework. Among the factors inhibiting the effective implementation of population activities in the Dominican Republic are insufficient knowledge about the relationship between population and development variables, a lack of human resources and institutional arrangements to study these relationships and to implement a population programme, lack of funds for research and the inadequacy of the population information system.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA has been providing assistance to the Dominican Republic since 1974, contributing approximately \$11 million to projects mainly in the area of family planning. These activities have helped to reduce the fertility rate from 5.3 children per woman in 1974 to 3.3 in 1989. The Fund has supported family planning programmes executed by the National Council for Population and Family (CONAPOFA) and population education projects in co-ordination with the Ministry of Education, Fine Arts and Culture (SEEBAC).

Maternal and child health and family planning

12. UNFPA assistance to this sector began in the mid-1970s with support to CONAPOFA's four-year plan (1974-1978), which sought, *inter alia*, to extend family planning services to all health units nationwide and to increase acceptance of such services to 20 per cent of women of fertile age. A second phase of assistance began in 1979 but was disrupted as a result of political uncertainties between 1980 and 1982. In 1983, UNFPA sponsored an independent evaluation of the MCH/FP programme since 1978. The evaluation emphasized the importance of integrating family planning and maternal and child health services.

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The following year, in 1984, the Governing Council approved a new four-year project in the amount of \$2.06 million whose key objectives were to decrease fertility, increase the effectiveness of the MCH/FP programme by improving the quality of services and widening the range of contraceptives offered, and improve the quality of support information activities.

13. The overall demographic goal of the project was to decrease the total fertility rate to less than 3 children per woman by the end of the 1980s, a decline of nearly 30 per cent. This required achieving a contraceptive coverage of 22 per cent of fertile women by 1987 (compared to 18 per cent in 1983), implying an annual average of 55,000 new acceptors for each year of the project. Although the project exceeded expectations in terms of contraceptive prevalence (31 per cent by 1989), extension of services to rural areas and training of staff, it fell far short of its goal of increasing the number of family planning service points from 342 to 624. Indeed, in 1990 CONAPOFA reportedly had a total of approximately 360 clinics nationwide, some of which may not have been functioning at full capacity. UNFPA extended the project through 1989 in order to increase services to the population, particularly in rural and marginal urban areas.

14. In recent years, internal problems within CONAPOFA, resulting in a high turnover of administrative and technical staff, adversely affected the quality of services and the distribution of contraceptive supplies and equipment. As a consequence, project activities had to be suspended pending an evaluation, which took place in October 1990. The evaluation, noting that the demand for family planning services continued despite these problems, recommended that UNFPA continue to support the project, but that it be executed by an external agency. It also reiterated the importance of integrating family planning and maternal and child health services, since this objective had not been met. UNFPA assistance to MCH/FP during 1983-1988 was \$1.7 million, or 80 per cent of total UNFPA expenditures in the Dominican Republic during this period.

Information, education and communication

15. Since 1979, UNFPA has provided \$273,000 for population education programmes. The main emphasis of the programmes, executed by SEEBAC and the United Nations Educational, Scientific and Cultural Organization (UNESCO), has been to integrate population components into primary school curricula through the preparation of materials and training of teachers. Between 1987 and 1989, UNFPA also supported the work of a non-governmental organization, PROFAMILIA, in its population education and communication programme in the amount of \$70,000. This included audio-visual equipment for PROFAMILIA's documentation centre which was used to promote family life and sex education outside the formal school system. By the end of the project, PROFAMILIA had completed the proposed training schedule and had developed and published the required number of booklets, leaflets and posters.

Basic data collection and analysis

16. Since 1987, UNFPA has assisted the training of nationals in census planning and use of data in policy-making processes in the amount of approximately \$171,500, sending eight Dominican statisticians to the School for Applied Statistics and Computer Technology (ESAYTEC) training programme at the United States Census Bureau.

Other external assistance

17. Between 1984 and 1989, the Dominican Republic received more than \$31.5 million in international support for its population activities. The major donors supporting such activities were the United States Agency for International Development (USAID), UNFPA and the International Development and Research Centre of Canada (IDRC). The United Nations Children Fund (UNICEF) and the World Food Programme (WFP) also supported activities in related areas. More recently, the USAID-funded Cooperation for American Relief Everywhere (CARE) has been expanding its support to include family planning activities.

IV. PROPOSED UNFPA PROGRAMME 1991-1994

18. The proposed programme was formulated in close consultation with the Government, and it is designed to address the major structural and institutional problems inhibiting the development of cohesive population activities in the Dominican Republic. According to the PRSD mission that visited the country in February 1990, these include, among others: (a) lack of a comprehensive national population policy; (b) weak institutional infrastructure, both public and private; (c) lack and inefficient use of basic data for development planning, demographic research and population policy and programme design; and (d) the detrimental effects of "brain drain" on the country's ability to execute a national population programme effectively.

19. Programme objectives are outlined in paragraph 3 above. In order to attain these objectives, UNFPA proposes a strategy that would emphasize: (a) reorienting programmes in health and family planning, as well as supporting education and information activities, towards specific target groups; (b) assisting the Government in its efforts to ensure the overall co-ordination and complementarity of MCH/FP information and services; and (c) increasing the knowledge base in demographic statistics for use in development planning, awareness creation and human resource development.

20. Specific lines of complementary government action, as recommended by the PRSD mission and endorsed by the Government, would be: (a) to create awareness among policy makers, planners, parliamentarians and government officials of the interrelationship between population and development and of the need to formulate a comprehensive population policy; (b) to strengthen the national institutional capacity to plan, formulate, implement and manage such a policy; (c) to plan and co-ordinate population activities more effectively by expanding and improving the country's demographic data collection and research and by training staff; and (d) to enhance the skills and status of women to prepare them to deal more effectively with their reproductive and productive roles.

Maternal and child health and family planning

21. UNFPA assistance to this sector would emphasize women's health programmes through support of an MCH/FP programme. The overall goal would be to improve the Government's capacity to address the country's relatively high fertility and birth rates, high incidence of abortion, low MCH/FP coverage and low contraceptive prevalence rates. The programme would have three main objectives: (a) to extend services to priority target groups, such as inhabitants of sugar plantations, workers in industrial free-trade zones, persons living in frontier areas, those in poor rural and urban marginal areas, and adolescents; (b) to improve programme coverage and quality; and (c) to improve programme management.

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22. Achievement of these objectives would require a strengthening of technical and financial support in the following areas: (a) consolidation of efforts to provide MCH/FP services; (b) extension of such services to priority target groups; (c) increase in access to modern contraceptive methods for groups with limited economic resources; (d) development of management information systems; and (e) increase in operations research.

23. As part of the efforts to extend family planning services to priority target groups, UNFPA would specify quantitative targets for contraceptive prevalence and expansion of services. The Fund would also support the development of cultural-specific information so as to ensure better designed activities aimed at each of the groups. In addressing the specific needs of the various target groups, the programme would make use of sources of information and services beyond those provided in MCH programmes. Moreover, in view of the increasingly rapid spread of AIDS and HIV infection in the Dominican Republic, the proposed MCH/FP activities would include, where possible, information and education components on AIDS and HIV infection.

24. UNFPA proposes to provide assistance for the MCH/FP sector in the amount of \$2.6 million, of which \$1,250,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. In the area of population information, education and communication (IEC), the proposed programme would work towards developing an overall IEC strategy for the country. Specifically, UNFPA support would focus on four major activities: (a) continuing the population education programme in the formal sector and extending its coverage where possible; (b) expanding recently implemented activities for young people in the secondary formal and non-formal sectors; (c) initiating new activities to extend IEC programmes to priority target groups; and (d) directing IEC efforts to decision makers. To ensure co-ordination and complementarity of efforts, specific IEC activities would be linked to other programme components such as MCH/FP. Efforts would also be made to ensure that population education was included in the general educational programme supported by the World Bank.

26. The Fund would also support the second phase of the PROFAMILIA programme, which is aimed at developing sex education activities for school drop-outs and for young people outside the formal school system, particularly in marginal urban zones and extremely poor rural areas. These areas tend to have high rates of unwanted adolescent pregnancy, abortion, sexually transmitted diseases and AIDS, among other problems. These efforts would be co-ordinated with the work of other agencies such as the National AIDS Commission, as well as of universities, non-governmental organizations (NGOs) and international organizations.

27. To supplement the activities aimed at specific target groups UNFPA would support a population communication programme aimed at using all channels of communication to promote better birth spacing and the use of contraception. Finally, an awareness-creation programme would be aimed at decision makers at all levels.

28. UNFPA support to this sector would amount to \$1 million, of which \$400,000 would be sought from other sources, including multi-bilateral sources.

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Data collection and analysis

29. The PRSD mission findings demonstrated the need to improve the national statistical system at the central level and also census and vital registration information at sectoral and regional levels. UNFPA would provide technical and financial assistance to help improve the quality of socio-demographic statistics and to foster the use and dissemination of population data to assist in the integration of population variables into development planning and facilitate the design of population-related activities.

30. Given the failure to complete the processing of the 1981 census data and to disseminate the results, it is essential that special efforts be made to ensure the success of the 1991 census. Accordingly, UNFPA would provide technical assistance to the National Statistical Office (ONE) to conduct the census; the Government would fund the local costs. If the census were postponed, the Fund would assist ONE in exploring the possibilities for developing demographic and household surveys at the local level. Such information on population density and other characteristics, heretofore unavailable, would assist the Government in its planning for different sectors.

31. UNFPA support to this sector would amount to \$1.45 million, of which \$950,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics and policy formulation

32. The implementation of a national population and development programme requires an adequate number of personnel trained in various aspects of population activities, from programme administration and management to the dissemination of information on population dynamics. Consequently, UNFPA proposes to support a programme of training in population and development for government officials and for those working in population-related fields. UNFPA assistance would also be used to compile inventories of existing information through the creation of a population data bank in ONAPLAN.

33. UNFPA would assist the Government in elaborating a population policy with general and sectoral-specific population and development plans. These would contain concrete aims and measures in relation to identified demographic variables such as fertility, mortality, and population distribution, as well as such related socio-economic factors as education, health, living conditions, and the status of women. Accordingly, the Fund would support the development of appropriate institutional arrangements for the formulation of a population policy and the monitoring and evaluation of its implementation. This would include assistance for awareness-creation activities aimed at policy-makers, government officials, political leaders and trade unions.

34. UNFPA's support to this sector would amount to \$400,000, of which \$100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

35. Every effort would be made to ensure that women's concerns were integrated into all aspects of the proposed programme. Moreover, UNFPA would reinforce the efforts of the Government and the private sector by: (a) contributing to the development of a technical plan of action for the General Directorate for the Promotion of Women (DGPM); (b) establishing training courses for public-sector technical personnel in the formulation, implementation and evaluation of women's programmes related to population and family

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planning; (c) supporting research regarding the reproductive role of women; and (d) supporting efforts to raise the socio-economic status of women through pilot income-generating activities.

36. UNFPA would assist government efforts to reinforce the DGPM's technical capacity in the area of women's reproductive health and population issues, as well as to design a work plan with lines of action for each government sector regarding women's activities linked to population-related issues. This would be accompanied by support for the training of a technical team that would oversee the implementation of the work plan. The Fund also proposes to assist the Government in certain pilot activities in order to provide MCH/FP awareness creation and training for women and their families in disadvantaged urban marginal areas.

37. UNFPA support to this sector would amount to \$500,000, of which \$300,000 is to be sought from other sources, including multi-bilateral sources.

Programme reserve

38. UNFPA proposes to establish a programme reserve of \$50,000 for new proposals that might be developed within the framework of the proposed programme.

Programme co-ordination

39. The Technical Secretariat to the Presidency is responsible for the co-ordination of external assistance to the Dominican Republic. ONAPLAN oversees the implementation of the projects developed by the sectoral ministries. It would therefore co-ordinate the proposed programme. UNFPA would assist the Government in building up its capacity to develop an overall plan for the co-ordination of population activities. It would also support the development of a co-ordinating committee headed by ONAPLAN and composed of officials from each UNFPA-supported project. A UNFPA local office would be set up to monitor the implementation of project activities and to exchange information and experiences.

40. In the context of the Joint Consultative Group on Policy (JCPG) mechanism, regular meetings would be organized with officials of the other United Nations agencies active in the country in a concerted effort to harmonize activities and avoid duplication of assistance.

Programme monitoring, evaluation and management

41. In his capacity as UNFPA Representative, the UNDP Resident Representative has responsibility for the overall management of the programme. The Resident Representative would be assisted by the UNFPA National Programme Assistant and the support secretary, who make up the UNFPA local office. The UNFPA Country Director based in Mexico would also provide technical and managerial assistance and guidance and would visit the country periodically.

42. Standard UNFPA procedures would be followed to ensure the effective implementation of the projects included in this programme: progress reports, visits to project sites, participation in seminars, annual tripartite review meetings, and programme and project evaluations, reviews and monitoring meetings as necessary. A continuous monitoring and evaluation system would be set up and implemented for all projects. A mid-term review of the overall programme would be conducted in 1993. Independent evaluations would be integral components of all the larger or innovative projects.

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Financial summary

43. As indicated in paragraph 1, a programme of \$6 million is proposed, of which \$3 million would be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to \$3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate this level of funding:

	<u>UNFPA regular resources</u> \$	<u>Other resources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	1,350,000	1,250,000	2,600,000
Information, education and communication	600,000	400,000	1,000,000
Data collection and analysis	500,000	950,000	1,450,000
Population dynamics and policy formulation	300,000	100,000	400,000
Women, population and development	200,000	300,000	500,000
Programme reserve	<u>50,000</u>	<u>--</u>	<u>50,000</u>
TOTAL	3,000,000	3,000,000	6,000,000

V. RECOMMENDATION

44. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to the Dominican Republic in the amount of \$6 million for the four-year period 1991-1994;

(b) Authorize the Executive Director to commit an amount of \$3 million from UNFPA's regular resources;

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(c) Further authorize the Executive Director to provide the balance of up to \$3 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral resources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of the Dominican Republic and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director

Assistance to the English-speaking Caribbean Subregion

Support for a comprehensive population programme

Proposed UNFPA assistance: \$6 million, of which \$4 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.

Estimated value of
Governments' contributions: To be determined

Duration: Four years

Estimated starting date: January 1992

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$6 million, of which \$4 million would be committed from UNFPA's regular resources, over a four-year period, starting January 1992, to assist the Governments of 19 English-speaking countries and territories¹ in the Caribbean subregion in achieving their population and development objectives. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. Although UNFPA has provided support to most of these countries and territories since 1969, this will be the first time that the Fund would support a comprehensive population programme in the subregion.

2. The proposed programme of assistance to the subregion is based on, *inter alia*, the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that consulted with government officials and others in seven countries of the subregion² in May 1990. The major population concerns of the subregion were identified as: high rates of adolescent fertility, a significant hiatus between awareness and practice of contraception, inadequacy of skilled human resources for service delivery and counselling, lack of up-to-date and reliable data and information on population dynamics, inadequate opportunities for women and youth, and inadequate integration of population programmes into development planning.

3. The proposed programme aims in the long term to contribute to a greater understanding and appreciation within and among the nations about the interrelationships between population and development, including gender and environmental concerns; it also aims to strengthen national capacities for planning, implementing and managing population policies and programmes. The immediate objectives would be: (a) to facilitate the slowing of growth rates (currently estimated at 1.4 per cent per year); (b) to contribute to an increase in contraceptive prevalence (currently estimated at 50 per cent); (c) to contribute to the reduction of teen-age pregnancies (currently estimated at 30 per cent); and (d) to facilitate the integration of population concerns into socio-economic planning.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals

¹Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands. Owing to the large number of countries and territories, a demographic fact sheet is not included in the presentation of this programme. Demographic fact sheets for each country/territory can be found in UNFPA's Inventory of Population Projects in Developing Countries Around the World 1989/1990.

²Antigua, Barbados, Grenada, Guyana, Jamaica, St. Lucia, Trinidad and Tobago.

have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The Caribbean region consists of the island arc in the Caribbean Sea, stretching from Cuba and the Bahamas off the coast of the United States, south and east to Trinidad and Tobago off the coast of Venezuela and includes Guyana and Suriname on the mainland of the South American continent and Belize in Central America. This programme covers 19 countries and territories, including all the English-speaking countries and territories known as the Caribbean Community (CARICOM) countries (except Belize) and Suriname and the Netherlands Antilles, which are Dutch/English speaking. In geographical terms this subregion extends over a distance of 3,500 kilometres with a land area of nearly 412,000 square kilometres.

6. The countries of the subregion are socio-culturally homogeneous but are heterogeneous economically and demographically. By world standards, the countries are relatively small with population sizes ranging from less than 10,000 (Anguilla and the Turks and Caicos Islands) to approximately 2.5 million (Jamaica). Seventeen of the 19 nations have less than 1 million inhabitants, and 6 have less than 100,000. The total population of the subregion in the late 1980s was estimated at over 6 million.

7. The population growth rate for the subregion as a whole is moderate at 1.4 per cent (1989). However, six countries (Guyana, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands) show rates of natural increase of over 2 per cent. Crude birth and death rates as well as infant and maternal mortalities are relatively low, as are total fertility rates. Life expectancy at birth is relatively high at an average of 70 years.

8. A particularly problematic factor of the subregion's fertility pattern is the high rate and proportion of births among teen-age women, who account for nearly one third of all births. However, data on teen-age fertility are incomplete and inaccurate, and abortions are not included in these statistics. The high level of teen-age fertility not only acts as an obstacle to the reduction of population growth but also has serious implications for the health, education and employment of teen-age mothers and perpetuates their dependence and poverty. Recent contraceptive prevalence surveys and adolescent sexuality studies indicate that age-specific fertility levels for women in the 20-35 age group are rising, and that there are significant unmet needs for family planning services. The studies also found, however, that the use of contraception is inhibited by worries about side effects. HIV and AIDS prevalence in the subregion are among the highest in the world, and cancer of the cervix has been a serious and increasing concern.

9. Another serious concern in nearly all the countries of the subregion is out-migration. Typically, the emigrants are the younger, better educated and more skilled professionals and workers, thus depriving these nations of valuable human resources. This, in turn, affects the capacity of the countries to deliver good quality health and family planning services, to operate and maintain health clinics and to maintain the supply of new entrants to nursing schools. Internal migration and urbanization are also on the increase. Levels of unemployment and underemployment, particularly among youth and women, are high and in many cases increasing. School drop-out rates above the primary level are high, and consequently the skills and knowledge to be gained from secondary and higher education are lacking in a majority of the population.

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10. There is a growing realization in the subregion that worsening problems of deforestation, degradation of coastal regions, silting up of rivers and streams, water pollution and water shortages, and waste disposal without environmental controls are all matters of serious concern. These environmental issues are assuming critical importance for development planning in the subregion, and must be looked at in the context of continuing population growth, relatively high population densities and increasing levels of poverty.

11. Five countries of the subregion³ have adopted formal population policies, while the others are either in the process of refining their implicit policies or contemplating formulation of such policies. The countries that have adopted population policies are currently engaged in efforts to integrate population factors into development planning.

12. Although socio-economic statistics indicate a higher level of prosperity in the countries of the subregion compared to that of many other developing countries, this is more apparent than real as far as institutional capacity is concerned. The high cost of living, fluctuating economic fortunes, debt burdens, out-migration of human resources, vulnerability to crippling natural disasters and, above all, the relatively small size and the location of the populations render it extremely difficult -- if not impossible -- to attain economic self-reliance. For example, according to recent World Bank estimates, Guyana is now the poorest country in the Western Hemisphere. Thus, the need for continued external assistance is real and imperative, and population programmes cannot be sustained or improved without assistance from UNFPA and other donors for some time to come.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Past UNFPA assistance to the subregion was based on *ad hoc* requests from 1969 onwards. A limited programme review and needs identification were undertaken in 1980, which provided the basis for UNFPA-supported activities during the 1980s. Among the more important concerns of the past UNFPA programme were: strengthening of the delivery of family planning services integrated into public health care/maternal and child health programmes; supplying of contraceptives, particularly injectables; development of human resources through training in fertility management and service delivery, family planning administration, communication and counselling; introduction and strengthening of family life education in schools and in the non-formal sectors with special attention to youth and adolescents; design and production of population-related information and education materials; formulation of special programmes to address the needs and concerns of teen-age mothers and to combat AIDS; collection and analysis of data through the 1980 and 1990 rounds of censuses; and conduct of studies and research to facilitate the formulation and implementation of population and development policy.

14. To date, UNFPA assistance has amounted to about \$22 million for a total of over 160 projects at country and subregional levels, spanning almost all work-plan categories. The largest allocation (57 per cent) was for delivery of family planning services, followed by demographic data collection and analysis (13.7 per cent). Information, education and communication (IEC) accounted for 9.4 per cent; special programmes

³Dominica, Grenada, Jamaica, St. Lucia, St. Vincent and the Grenadines.

for adolescents, youth and women for 8 per cent; policy formulation and integration of population and development planning for 6 per cent; and multisectoral programmes for 5.9 per cent.

Maternal and child health and family planning

15. Nearly 70 projects -- most of them at the country level -- were implemented in the area of family planning at a total cost of \$12.6 million. They typically comprised the training of nurses, midwives and senior medical personnel in fertility management and family planning techniques; procurement of contraceptive supplies, particularly injectables; and provision of family life/sex education for the in-school population and for out-of-school youth target groups.

16. Past family planning programmes in the subregion have achieved commendable successes that have resulted in significant improvements in performance and coverage: population growth rates declined from 2.2 per cent in 1960 to 1.4 per cent in 1989; contraceptive prevalence increased from under 40 per cent to over 50 per cent; injectable contraceptives gained in acceptance, becoming the third preferred method among females; and use of condoms expanded, accounting for more than 10 per cent of total contraceptive coverage. Past experience suggests, therefore, that continued availability of a wide choice of methods coupled with trained personnel and good physical facilities will help increase the levels of contraception.

Information, education and communication

17. IEC activities were normally integrated into comprehensive family planning/family life education projects (as were the special concerns of women and youth) wherever feasible. Nevertheless, 28 projects approved for a total of over \$2 million related exclusively to IEC. These focused primarily on promotion of family planning services, provision of family planning/family life education/sex education in the formal and non-formal sectors through a variety of channels; setting up of a family planning/family life education documentation centre and clearing house; design, production and distribution of information and education materials; and creation of awareness about population and development concerns.

18. Promotion of family life education was somewhat difficult because some influential groups equated it with sex education, which they felt encouraged promiscuity among teen-agers. UNFPA-assisted projects dealt with this situation by developing effective educational, training and communication materials, training health and education personnel, and enlisting the support of community and religious groups in spreading family life and family planning messages. Cadres of workers specially charged with education and communication responsibilities were trained and multiple strategies were used to reach target audiences. Past programmes confirm that in-country and subregional activities to train resource persons in family life education were useful. However, most of these were in-service training initiatives, and in view of the large turnover of personnel, the future focus should include pre-service training for teachers and other personnel.

19. Past IEC activities have resulted in an almost universal awareness of family planning and contraception, but further efforts are needed to translate this awareness into increased contraceptive practice. The IEC content and strategies should be derived from appropriate socio-cultural studies, for greater acceptance and impact, and should target specific groups, particularly males, using greater interpersonal communication and counselling.

20. Despite past successes, the full-scale introduction of family life education in schools has been slow and indicates a continuing reluctance to deal openly with topics of adolescent sexuality, because of the

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conflict with traditional value systems. Further efforts are required to overcome this. Greater and more direct involvement of the ministries of education is essential for institutionalization of family life education.

Data collection and analysis

21. UNFPA support in demographic data collection and analysis mainly related to the 1980 and 1990 rounds of population and housing censuses and involved an allocation of over \$3 million for a total of 31 projects. The Fund also supported projects for fertility surveys and other studies to generate data on youth and teen-age sexuality and on contraceptive prevalence.

22. UNFPA support to census activities and fertility and contraceptive prevalence surveys has enhanced the availability and reliability of data for programme formulation and implementation and evaluation. Nevertheless, from a review of the quality and adequacy of demographic data in countries of the subregion, the PRSD mission concluded that institutional and human resource capabilities for demographic data collection and analysis needed to be further developed.

Population policy formulation

23. UNFPA supported 10 projects with an allocation of about \$1.3 million to promote policy formulation and integration of population into development planning. These projects covered, among other things, the organization of conferences for high-level decision makers and community leaders with the aim of familiarizing them with the interrelationship between population and development and its policy implications. Assistance was also provided for the drafting and processing of policy documentation and the establishment of institutional structures to facilitate policy implementation. As a result, some of the countries that have adopted policies are currently engaged in integrating population factors into their planning processes.

24. Although there is a high degree of general awareness of the implications of demographic variables for development efforts, specific and concrete steps have not been initiated. Past efforts in population policy formulation were impeded by the lack of involvement of sectoral ministries other than the ministries of health. Thus, once a policy was formally adopted, the health ministries did not have the resources, mandate or institutional capacities needed to implement it. The population councils/units that had been created to oversee the implementation of the policy soon became inactive. Efforts at integration of population and development were hampered by the lack of knowledge and skills in the integration of population/development planning.

Special programmes

25. Concerns of women, youth and adolescents were integrated into UNFPA-assisted projects wherever feasible. Fifteen projects specifically dealing with these concerns were approved for a total of \$1.7 million. These aimed at establishing and/or strengthening youth centres/clinics and often integrated income-generating skills into programmes. These activities succeeded to some extent in serving the information and service needs of the target groups, particularly young women. Attendance at the youth clinics has been low, however, apparently because they have not been able to convey a sense of privacy and confidentiality to the young people. Inadequate supervision and outreach seriously affected programme development. Vocational training at youth centres was beset with problems of materials and supplies, together with a lack of trainers

and a limited demand for the products made by the students at youth centres, thus reflecting the need for in-depth analysis of the strategy and design of these initiatives.

26. UNFPA extended partial support to the Women's Centres programme in Jamaica, which aimed at returning teen-age mothers to formal education after childbirth and reducing subsequent pregnancies through family life education/sex education and skills training. This programme has achieved notable success in reducing second pregnancies among teen-agers and reinforcing their educational opportunities. It has been adopted as a model experiment by some African countries through technical co-operation among developing countries (TCDC).

27. AIDS. Many of the family planning/family life education projects supported by UNFPA contained integrated components for the promotion of AIDS awareness and responsible sexual behaviour. The Fund also supported awareness creation among young people about AIDS and family planning through youth parliament debates. These debates were extremely successful and generated considerable interest within the region and outside it. National agencies, however, have reservations about combining AIDS-related programmes with family planning because of the stigma attached to AIDS. This is an area that must be addressed.

Other external assistance

28. The United States Agency for International Development (USAID) has provided assistance for contraceptive procurement (excluding injectables), training in management of contraceptive logistics, population policy formulation, family planning communication, and research studies in fertility-related issues, including contraceptive prevalence surveys. Some assistance has also been provided by the Canadian International Development Agency (CIDA), the British Overseas Development Agency (ODA) and the Swedish International Development Authority (SIDA) for research studies on adolescent fertility, data collection, family life education, and women's employment schemes, among others. The German Agency for Technical Assistance (GTZ) supported the Fertility Management Programme at the University of the West Indies in Jamaica. The Norwegian Agency for Development (NORAD) has provided continuing assistance to the Women's Centres project in Jamaica.

IV. PROPOSED PROGRAMME 1992-1995

29. The proposed programme for the Caribbean subregion is based on the findings of the PRSD mission and the background documentation prepared by the UNFPA Caribbean field office in Jamaica. The PRSD mission concluded that the development of individual country programmes for the 19 countries of the Caribbean is not practical. Furthermore, the mission observed that certain socio-economic, ethnic and historical factors, and the common concerns and interests shared by the countries, are conducive to a subregional approach and the formulation of a unified and comprehensive UNFPA programme of assistance. Such a programme would enjoy the advantages of cost-effective management, high-quality technical support and backstopping, and optimum utilization of available human and institutional resources, and would promote greater mutual co-operation among the countries in the subregion.

30. The content of the programme has been determined on the basis of an extensive review of past population programmes in the subregion, and the widest possible consultation with Governments, regional institutions, non-governmental organizations (NGOs) and donors active in the region. In keeping with the

wishes of the countries and the directives of the Governing Council for co-ordinated strategies and programmes of United Nations assistance, UNFPA inputs will aim at maximum possible complementarity and support of assistance from other United Nations agencies.

31. In order to attain the objectives outlined in paragraph 3 above, the following strategies would be employed: (a) strengthening the provision of quality family planning services, with special attention to the needs of adolescents and youth; (b) facilitating the generation of reliable and up-to-date demographic data and their utilization in development planning; (c) reinforcing information, education and communication programmes, including family life/sex education in and out of school; (d) promoting special programmes addressing the productive and reproductive concerns of adolescents and youth; (e) encouraging greater investment by Governments in plans and activities aimed at improving the status of women; (f) integrating environmental concerns into all population and development programmes; (g) encouraging the institutionalization of population-related programmes and activities leading to self-reliance; (h) enlisting the co-operation of NGOs and the involvement of the community; and (i) enhancing programme management to improve technical backstopping, programme monitoring and co-ordination.

Maternal and child health and family planning

32. UNFPA would support maternal and child health and family planning (MCH/FP) service delivery in the subregion with special attention to the needs of adolescents and youth. A major activity would be the assessment of contraceptive needs and procurement of contraceptives that are not available from other donors. Care would be taken to ensure that the contraceptives procured addressed the special needs of the target groups. The capacity for outreach in delivery of MCH/FP services in rural areas would be strengthened, so that the sectors of the population with the most critical needs would be given special attention for counselling and service delivery. Clinics dealing exclusively with adolescent health needs would be supported.

33. UNFPA would support the development of human resources through in-service and pre-service training of national personnel, including subregional seminar/workshops, to develop positive attitudes towards their functions and responsibilities, improve skills for delivery of high-quality and cost-effective family planning services, promote better management practices, and improve collection and utilization of data. Contraceptive prevalence surveys would be supported and operations research undertaken to improve the content of the training and the delivery of services. Epidemiological studies on the high prevalence of abortion, especially among adolescents, would be supported.

34. UNFPA would provide \$900,000 for the above activities. An additional \$800,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

35. UNFPA would support the development of strategies and materials based on socio-cultural research to enhance the impact of information and communication activities and to bridge the gap between contraceptive awareness and practice. Support would be provided to revise existing materials and to pretest, evaluate and produce new materials, in order to enhance their relevance and impact. Moreover, the results

of studies on the social costs of abortions, teen-age pregnancies, and school drop-outs (see para. 39 below) would be disseminated to policy makers and planners to facilitate policy and programme decisions.

36. The Fund would support projects focusing on specific target groups such as males, youth, and adolescents; in-school and out-of-school audiences; the socially disadvantaged and groups most in need of critical services; service-providers and decision makers.

37. UNFPA assistance would be used: (a) to promote the systematic integration of family life education/sex education into primary and middle-level schools, and into in- and pre-service teacher training and programmes in the non-formal sector; (b) to conduct periodic evaluations of the content and production of texts, handbooks and manuals; and (c) to conduct seminars and workshops in order to enhance the support and commitment of concerned ministries, as well as of community and religious leaders. The quality and coverage of family life education would be improved to help clarify health issues and encourage safe, effective family planning. The outreach of family life education in non-formal sectors would be expanded in view of the high number of drop-outs at post-primary levels of formal education.

38. UNFPA would provide \$800,000 for the above activities. An additional \$500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

39. UNFPA would continue to support the improvement of data availability and quality through the 1990 round of census activities as well as the strengthening of human skills for continued demographic data collection and analysis. UNFPA assistance would be used to promote the aggregation and dissemination of data in usable forms and to conduct studies to fill information gaps with respect to such topics as levels and trends of contraceptive use, trends and health implications of abortions, the interrelationship between teen-age fertility and school drop-out, women's perceptions of their own aspirations and life goals, the effects of unemployment and under-employment on youth behaviour, and migration.

40. UNFPA proposes an amount of \$600,000 for these activities. An additional \$300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

41. UNFPA would support and encourage the creation and operation of institutional mechanisms for integrating population factors into development planning, as well as the strengthening of national capabilities to incorporate demographic aspects in sectoral plans and to promote and sustain mutual contacts among sectoral ministries and the agencies concerned. The Fund would also support activities aimed at producing disaggregated data to be used in policy formulation, and at encouraging Governments to take environmental concerns into account in population policies. UNFPA proposes to provide \$400,000 to this sector.

Women, population and development

42. Gender concerns would be taken into account in all the programmes and projects. UNFPA would continue to support and enhance the coverage and effectiveness of the Women's Centres in Jamaica, as well as to undertake initiatives in other countries to address the issues of primary school drop-outs with a view to reducing teen-age pregnancies and improving the status of women. Support would be extended to

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women's units to strengthen their capacity to deal with the special concerns of women by providing technical assistance and training in formulating and managing programmes and projects and in integrating women's concerns into population and development programmes. Country and subregional workshops would be supported to enhance the awareness of high-level decision makers. Components pertaining to improving women's status would be supported in integrated rural development programmes. UNFPA proposes to provide \$300,000 for these activities.

Special programmes

43. Further assessment and analysis of the design and content of the comprehensive youth and family life education programme would be undertaken to enhance its effectiveness. Components dealing with concerns of youth and with awareness creation of AIDS would be incorporated into all family planning, family life education and IEC projects and activities. Special attention would be given to education on the prevention of the spread of AIDS, including the importance of the use of condoms. UNFPA would provide \$700,000 for activities in this sector. An additional \$400,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

44. UNFPA proposes to establish a programme reserve of \$300,000 to address as yet undetermined needs within the context of the proposed programme.

Programme co-ordination

45. Overall co-ordination of UNFPA-funded population programmes and activities in the subregion would be the responsibility of the Governments with assistance from the UNFPA Director. To the extent feasible, countries would be encouraged to establish co-ordinating mechanisms for all population programmes in their respective country. UNFPA would seek to strengthen the link between its programme and those of other United Nations agencies, particularly the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organization/Pan American Health Organization (WHO/PAHO), in order to take advantage of the complementarity of each other's activities. These would specifically include the integrated area development projects of UNDP, the vulnerable sections feeding programmes of WFP, and the primary health care and youth education programmes of UNICEF.

Programme monitoring, evaluation and management

46. Projects would contain, as far as is possible, clearly articulated and measurable objectives so as to facilitate assessment of results and achievement of objectives. Base data would be included, if available, from past reports or studies; otherwise, a situational analysis would be undertaken preparatory to the formulation of the project. Where necessary, this analysis would be commissioned directly by UNFPA through local or subregional consultancies. Greater attention would be given to sectoral reviews and evaluations in order to form the basis for qualitative improvements in the design and strategy of projects and programmes and to provide benchmarks to monitor the progress and effectiveness of assistance and activities. The UNFPA Director would manage the programme from the UNFPA field office for the subregion, making use of institutional resources available in the subregion as well as the services of United Nations Volunteers.

Financial summary

47. As indicated in paragraph 1, UNFPA proposes assistance for a Caribbean subregional programme in the amount of \$6 million over the four-year period 1992-1995, of which \$4 million would be committed from regular resources. If UNFPA's funding situation permits, the balance of up to \$2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	<u>UNFPA's regular resources</u> \$	<u>Other resources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	900,000	800,000	1,700,000
Information, education and communication	800,000	500,000	1,300,000
Data collection and analysis	600,000	300,000	900,000
Population policy formulation	400,000	-	400,000
Women, population and development	300,000	-	300,000
Special programmes	700,000	400,000	1,100,000
Programme reserve	<u>300,000</u>	<u> </u>	<u>300,000</u>
Total	4,000,000	2,000,000	6,000,000

48. It is estimated that approximately two thirds of the available resources would be allocated to country-level projects and the remainder to subregional projects. Allocations to country-level projects would take into consideration such factors as population size, natural growth rate, total fertility rate, contraceptive prevalence and per capita gross national product.

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V. RECOMMENDATION

49. The Executive Director recommends that the Governing Council:

(a) Approve the Caribbean subregional programme in the amount of \$6 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to commit an amount of \$4 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to \$2 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the countries of the Caribbean subregion and with the executing agencies.
